

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

RECEIVED SHEET PG 1
CITY OF SAN ANTONIO
CITY CLERK

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

2003 APR 25 A 9:39

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX

Christopher Chip

Haass

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 171121

San Antonio, TX 78217

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX

Veronica

Garcia

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

439 Cloverleaf

San Antonio, TX 78209

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

()

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
3 / 24 / 03 THROUGH 4 / 23 / 03

10 ELECTION

ELECTION DATE

Month Day Year
5 / 23 / 03

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council - District 10

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

RECEIVED
SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 2

2003 APR 25 A 9 39

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 335.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4895.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 4742.07

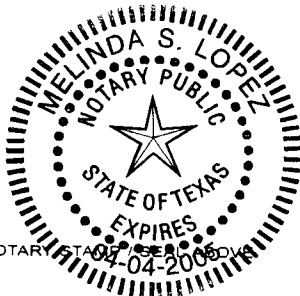
OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1000.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTAR SEAL HERE

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Christopher Chuass, this the 24th day of April, 20 03, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

[Signature]

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORMS C/OH, C/OH-SS, SC-C/OH,
SPAC, SPAC, & SPAC-SS

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2003 APR 25 A 9:39

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

4/3/03

Bill Jordan

6 Contributor address; City; State; Zip Code

711 Sweetbrush
San Antonio, TX 78258

\$1

use of
facility

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/30/03

Brian Kaestner

Contributor address; City; State; Zip Code

12234 Ridge Spur SA, TX
78247

\$25

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/30/03

John Temperilli

Contributor address; City; State; Zip Code

3007 Manilla Dr. SA, TX
78217

\$30

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/27/03

Art Campsey

Contributor address; City; State; Zip Code

5833 Woodridge Oaks SA,
TX 78249

\$100

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/30/03

Burton Barnes

Contributor address; City; State; Zip Code

131 Interpark Blvd, SA, TX
78216

\$25

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2003 APR 25 A 9 39

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

3/25/03

George Freeborn

6 Contributor address; City; State; Zip Code

8915 Larrigue Dr. SA, TX
78217

\$100

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

3/25/03

Norah Denman

Contributor address; City; State; Zip Code

8452 Fredricksburg BMB 271
SA TX 78229

\$25

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

3/25/03

Martha Bartlett

Contributor address; City; State; Zip Code

10714 Lake Path SA, TX
78217

\$50

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

3/24/03

Tom Daniels

Contributor address; City; State; Zip Code

626 Larkwood SA, TX
78209

\$50

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

3/24/03

Bernard Swift

Contributor address; City; State; Zip Code

101 Winding Way SA, TX
78232

\$200

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

3/24/03

C. H. Warnken

6 Contributor address; City; State; Zip Code

Special Account PO Drawer B
Pleasanton, TX 78064

\$99

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/25/03

Ben Craver

Contributor address; City; State; Zip Code

11020 Huebner Oaks #735
SA, TX 78230

\$30

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/03

Tom De Chant

Contributor address; City; State; Zip Code

10815 Edgcrest Dr.
SA, TX 78217

\$25

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/26/03

John McConnell

Contributor address; City; State; Zip Code

106 Woodcrest SA, TX 78209

\$100

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/25/03

Emmett Debner

Contributor address; City; State; Zip Code

4710 LaRue SA, TX 78217

\$25

Principal occupation (Optional)

Employer (Optional)

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4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

3/24/03

Julian Castro

6 Contributor address; City; State; Zip Code

143 Globe SA, TX 78228

\$500

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/25/03

Leslie Ellison

Contributor address; City; State; Zip Code

211 Oak Leaf SA TX 78209

\$25

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/21/03

Randall Vanover

Contributor address; City; State; Zip Code

3507 Mary Mont SA TX 78217

\$100

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/03

Vernon Rosen

Contributor address; City; State; Zip Code

PO Box 33430 SA TX 78265

\$25

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/30/03

Reames Financial Associates

Contributor address; City; State; Zip Code

PO Box 690766 SA TX 78269

\$100

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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2 FILER NAME

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ACCOUNT # (Ethics Commission filers)

4 Date 4/2/03	5 Full name of contributor Carlos Cardenas <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 14074 Mint Trail SA TX 78232	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
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9 Principal occupation (Optional)

10 Employer (Optional)

Date 4/3/03	Full name of contributor Joseph Pagliara <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 5942 Brandywine Creek SA TX 78233	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
----------------	--	--------------------------------------	--

Principal occupation (Optional)

Employer (Optional)

Date 4/3/03	Full name of contributor Nancy Haley <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 6003 Winterhaven Dr. SA TX 78239	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
----------------	---	--------------------------------------	--

Principal occupation (Optional)

Employer (Optional)

Date 4/3/03	Full name of contributor Joe Nava <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 1211 Native Dancer SA TX 78248	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
----------------	--	--------------------------------------	--

Principal occupation (Optional)

Employer (Optional)

Date 4/3/03	Full name of contributor Dr. Veronica Rouse <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 13707 Village Wood SA TX 78216	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
----------------	--	--------------------------------------	--

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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2003 APR 25

1 Total pages this Schedule A1:

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2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

4/3/03

Katherine Poulis

6 Contributor address; City; State; Zip Code

5402 Lost Creek SA, TX
78247

\$50

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/31/03

Dr. Salvador J. Garcia

Contributor address; City; State; Zip Code

6010 Old Pearsall Rd.
SA, TX 78242

\$100

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

4/2/03

Law Offices of David McQuade Leibowitz

Contributor address; City; State; Zip Code

111 Soledad SA TX 78205

\$250

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

4/1/03

Jose Barrera

Contributor address; City; State; Zip Code

10222 Severn Rd. SA TX
78217

\$100

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

4/1/03

Mary O'Keefe

Contributor address; City; State; Zip Code

1164 Lake Ridge Rd
Kerrville, TX 78208

\$100

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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A 9 39

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

4/4/03

David Masters

6 Contributor address; City; State; Zip Code

1011 Shook SA, TX 78212

\$100

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

4/7/03

James Koch

Contributor address; City; State; Zip Code

PO Box 680511 SA, TX 78268

\$100

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

4/17/03

Jan Lall

Contributor address; City; State; Zip Code

842 Estes Ave. SA, TX 78209

\$100

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

4/16/03

Ellen Leonard

Contributor address; City; State; Zip Code

134 Rookhill Dr. SA, TX 78209

\$100

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

4/17/03

SEIU

Contributor address; City; State; Zip Code

1313 L. Street NW 20005
Washington D.C.

\$500

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)RECEIVED
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CITY CLERK

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2 FILER NAME

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ACCOUNT # (Ethics Commission filers)

4 Date 4/16/03	5 Full name of contributor Mark Holland <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code 9901 IH 10 West, Sui 795 SA, TX 78230	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
-------------------	---	--	--

9 Principal occupation (Optional)	10 Employer (Optional)
-----------------------------------	------------------------

Date 4/9/03	Full name of contributor James Koch <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code PO Box 680511 SA TX 78268	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
----------------	---	--------------------------------------	--

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date 4/12/03	Full name of contributor Sean Brady Haass <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 3643 So. Hills Ave. Ft. Worth, TX 76109	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
-----------------	---	--------------------------------------	--

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date 4/15/03	Full name of contributor Cathy Haass <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 735 Sweetbrush SA, TX 78258	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
-----------------	---	--------------------------------------	--

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	---	-----------------------------	--

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS**SCHEDULE E**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

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1 Total pages Schedule E:

2003 APR 25 A 9:39

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

4/20/03

7 Name of lender

☐ out-of-state PAC (ID#: _____)

Christopher "Chip" Haass

9 Loan Amount (\$)

1000.00

6 Is lender a
financial Institution?

Y N

8 Lender address; City; State; Zip Code

PO Box 121121
San Antonio, TX 78217

10 Interest rate

0.0

11 Maturity date

4/20/03

12 Description of Collateral

☐ none13 GUARANTOR
INFORMATION☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

2003 APR 25

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/16	5 Payee name Sunbelt Ventures, INC	7 Amount (\$) \$125
6 Payee address; City; State; Zip Code 13777 Judson Rd. Ste. 105		

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 4/16	Payee name US Postal Service	Amount (\$) 57.50
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 4/12	Payee name Phoenix Mailers	Amount (\$) 259.99
Payee address; City; State; Zip Code 4310 Tejasco San Antonio TX 78218		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 4/3	Payee name Action Catering	Amount (\$) \$250
Payee address; City; State; Zip Code 4103 Modena Drive San Antonio, TX 78218		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2003 APR 25 A 9:39

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/7	5 Payee name Alamo Storage 6 Payee address; City; State; Zip Code 3500 Eisenhower Rd San Antonio, TX 78218	7 Amount (\$) \$43.00
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/4	Payee name Clear Channel Outdoor Payee address; City; State; Zip Code 3714 N. Pan Am Expressway SA, TX 78219	Amount (\$) \$1,884.00
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/4	Payee name Reggiano's Payee address; City; State; Zip Code 18740 Stone Oak Parkway SA, TX 78258	Amount (\$) \$86.12
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/22	Payee name Post Master Payee address; City; State; Zip Code	Amount (\$) 2,036.46
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

